Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

(An Autonomous Institution)

Research Contingency Grant - FORM 2

Office of Dean – Research & Innovation

Research Contingency-Advance Settlement Form

Date:

Name: ……..……..… Designation / Department: ……..…

Ref. No. of Form 1…..... (Enclose Form1)

Advance Bill Settlement:

Date of Receipt of Advance: …… Advance Amount Drawn: Rs…….

Purpose of advance received ……

……..……...

Sl. No	Bill No	Bill Date	Name of the Supplier	Amount Rs.	Ps.	Remarks
Receipt No & Date for the Balance advance Returned to office :			**Total**			
			Balance			
			Excess Amount Spent			

Entry made in the Advance Register Page No: _____& BCR Page No: _____

Received the above Bills on: _____

Head of A/c: **Research Contingency Grant**

Budget Utilization: FY 20__ - 20__

S. No.	Budget Head & No.	Proposed Budget	Fund utilized till date	Balance amount	Now requested	BCR Pg. No.
1	5h. Research Contingency Grant					

Signature of Faculty In-charge

R&I Coordinator **HoD**

Dean R&I **Vice-Principal**

Principal & Joint-Secretary